

**Virginia Department of Health,
2010 Language Needs Assessment Report
Executive Summary**

This Virginia Department of Health, *2010 Language Needs Assessment Report* captures limited English proficiency (LEP) population data unique to Virginia's 35 local health districts for 2007-2008. The report identifies district LEP populations and outlines recommendations to consider as each district reviews its plan of action to address local language barriers and increase health care quality to all LEP patients while meeting all federal requirements. The report, conducted by the Virginia Department of Health's (VDH) Office of Minority Health and Health Equity (OMHHE,) provides highlights governing LEP guidelines and addresses recommendations for future analysis.

Legal Background:

In addressing the needs of LEP populations, the guidelines listed below are mandated by federal policies, which require Virginia's health districts to grant access to language services for federally funded health care services that the districts provide.

- **Title VI of the Civil Rights Act of 1964** prohibits recipients of federal funds from discriminating against individuals on the basis of race, color, or national origin. The courts have applied this statute to protect national origin minorities who are LEP.
- **Executive Order 13166** issued on August 11, 2000, requires every federal agency providing financial assistance to non-federal entities to publish guidance on how their recipients can offer meaningful access to LEP persons and thus comply with Title VI regulations.

Process:

In completing this 2010 Language Needs Assessment Report, a review of four topic areas was included. The report's recommendations are framed for each of Virginia's 35 health districts. Descriptions of the four review topic areas are listed:

- 1. The number or proportion of LEP residents within this district:** This factor reflects two data sources incorporated by VDH:
 - The US Census 2005 - 2007 American Community Survey (ACS) which is a nationwide survey. The ACS collects and produces population, language and housing information every year.
 - DOE data on Virginia's student LEP participants in the 2008 English as a Second Language (ESL) program. ESL is a Virginia public school program designed to help LEP students learn English as a part of their daily school curriculum.

- 2. The frequency with which LEP individuals come into contact with the VDH programs.** This factor accumulates all district patient visits, also termed encounters, (total encounters and unduplicated patients) within a district calculated by the VDH

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Web Vision system. Web Vision tracks detailed district statistics to include: patient information, patient encounters and patient primary language.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries. This factor asks districts to consider the importance and urgency of district health care services delivered to LEP patients. If a district service is deemed important and urgent, immediate language services should be provided to the LEP patient. If a district service is important, but not urgent, and language services are needed, service can be delayed for a reasonable period of time.

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/ translation services. This factor addresses district resources and the costs that would be imposed to comply with Title VI. Local health districts must carefully explore the most cost-effective means of delivering competent and accurate language services based on available resources. In order to assist local health districts with compliance, VDH contracted with Language Services Associates (LSA) in 2007 to provide districts with cost-effective telephonic interpretation and translation services. The local health district's 2008 LSA usage data that includes detailed call statistics has been included in the district's report to inform them of their utilization of telephonic interpretation services.

LEP Requirements:

The 2010 Language Needs Assessment Report's recommendations also reflect the following minimum LEP requirements:

- 500 LEP patient encounters in a language for on-site interpretation in that language; when a district experiences 500 local LEP encounters specific to one language, an on-site interpreter is recommended for that specific language at the district.

- 5% of all patient encounters or 1000 LEP patient encounters in a language for translation of vital documents in that language. The translation of primary documents for any foreign language is recommended when a district experiences 5% of all patient encounter or 1000 LEP patient encounters of a specific language, whichever is less. This requirement is established by the Department of Health and Human Services, and documented in the "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 2003."

VDH LEP Patient Encounters:

The 2010 Language Needs Assessment Report provides a summary of languages encountered by each health district. The report covers analyses on 2007-2008 data sets. During the 2008 reporting year, VDH reported 70,633 unduplicated LEP patients and a total of 493,811 LEP encounters compared to 1,602,741 unduplicated English patients and 5,475,411 English encounters. However, limited English proficient (LEP) totals exclude rarely encountered languages as well as encounters with bilingual individuals who are English proficient.

VDH Language Line Usage/Vendor:

In order to help health districts comply with culturally and linguistically appropriate health care services (CLAS) requirement, VDH contracts with a company that provides telephone interpretation and translation by trained and certified professionals in a number of languages. During 2008 VDH utilized the language service for 11,338 calls totaling 110,933 minutes. Numerous documents have been translated into other languages. You can visit the www.CLASact.virginia.gov website to view VDH documents that have been translated into other languages.

Effective September 2010, the VDH contracted with World Wide Interpreters (WWI). WWI is a Texas-based leading provider of professional, on-demand, over the phone and videoconference access language interpretation for business, medical, and government organizations. WWI offers interpretation services for more than 100 languages with services available to districts.

VDH Highlights and Recommendations:

The 2010 Language Needs Assessment Report reflects that the language needs of Virginia's 35 health districts vary dramatically. While some districts have very few language needs, many districts face the challenge of providing for numerous LEP populations. The recommendations identified in the report comply with Title VI and LEP requirements.

- Virginia health districts served patients who **spoke nearly 100 different languages in 2008.**
- The **top 10 non-English languages** encountered were: Spanish, Arabic, Vietnamese, Korean, Farsi, Urdu, Burmese, Amharic, Mandarin and Somali.
- **Two districts serving the greatest patient language diversity** include Fairfax and Thomas Jefferson Health District offices.
- Fairfax is the **most linguistically diverse district having** served 98 different languages.
- Thomas Jefferson Health District utilized the telephonic translation services to **provide more than 3200 calls and linguistically serve more than 27 languages in 2008.**

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- Fairfax Health District has **154,425 LEP individual residents**, comprising **15%** of the total district population, according to 2008 estimates.

The 2010 report added new recommendations for onsite interpretation and/or bilingual staff and written translation of vital documents for a specific language for nine health districts italicized in the chart below. A summary of all of the recommendations follow:

HEALTH DISTRICTS	2010 ONSITE INTERPRETATION BILINGUAL STAFF	2010 WRITTEN TRANSLATION OF "VITAL DOCUMENTS"
Alexandria	Spanish	Spanish
Arlington	Spanish, <i>Mongolian</i>	Spanish
Central Shenandoah	Spanish,	Spanish
Chesterfield	Spanish	Spanish
Chickahominy		<i>Spanish</i>
Crater	<i>Spanish</i>	<i>Spanish</i>
Eastern Shore	Spanish	Spanish
Fairfax	Spanish, Arabic, Korean, Vietnamese, <i>Farsi, Urdu, Mandarin, Amharic, Somali</i>	Spanish, Arabic, Korean, Vietnamese, <i>Farsi, Urdu, Mandarin, Amharic</i>
Henrico	Spanish	Spanish
Lord Fairfax	Spanish	Spanish
Loudoun	Spanish	Spanish
Peninsula	<i>Spanish, Burmese</i>	
Prince William	Spanish	Spanish
Rappahannock	Spanish	Spanish
Rappahannock/Rapidan	Spanish	Spanish
Richmond	<i>Spanish</i>	
Roanoke	Spanish, Somali* , <i>Burmese</i>	Spanish, <i>Burmese</i>
Thomas Jefferson	<i>Spanish, Burmese</i>	
Virginia Beach	Spanish	<i>Spanish</i>

Blue/Bold - 2007 Recommendation No Longer Required

Italicized - 2010 New Recommendations

* Except, Somali is no longer a requirement for Roanoke.

Note: Health Districts not listed had no recommendations.

The 2010 Language Needs Assessment Report defines "Vital Documents" as follows:

- Consent and complaint forms
- Notices advising LEP persons of free language assistance
- Intake forms with potential for important health consequences, ex.: Consent to Treat Form
- Written tests that do not assess English language competency, but test competency for a particular license, job or skill for which knowing English is not required

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- Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services
- Applications to participate in a recipient's program or activity or to receive recipient benefits or services
- Actions affecting parental custody or child support, and other hearings

Cultural & Health Literacy Resources

In order to assist VDH in meeting its CLAS needs, the report also notes numerous resources available to assist VDH in providing services to LEP populations. OMHHE manages various resources created specifically for district utilization. The following are the most frequently used resources.

- www.CLASActVirginia.org - A comprehensive informational website. The vast resources available include:
 - LEP policies and guidelines, statistics, district documents,
 - VDH patient handouts available in various languages, and
 - audio files for frequently used phrases in multiple languages and much more
- **Language Identification Poster** - VDH has designed a poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and, as appropriate, in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>
- **Medical Interpreter Training Grants** - The Virginia Medical Interpreter Training Grants Program was established to build capacity statewide to deliver linguistically appropriate healthcare services and communicate with limited English proficient (LEP) individuals in the event of a public health emergency. This program provides training grants for the cost of tuition of a medical interpretation course to bilingual individuals in exchange for 40 hours of community service and a commitment to assist with interpretation in the event of a public health emergency in Virginia. During the 2008-2009 year, OMHHE provided medical interpreter training grants to 90 recipients who will provide 3,600 hours of volunteer medical interpretation throughout Commonwealth. More information is available at: <http://www.vdh.virginia.gov/healthpolicy/healthequity/medical-interpreter-training.htm>
- **Navigating the US Healthcare System** - A project designed to assist new immigrants, refugees and migrants regarding how to obtain needed health care

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services. This project includes the development of educational materials to address diverse cultural differences. The materials also address the structure of the US health care system. These materials have been developed for Spanish-speaking individuals. In addition, various toolkit items and resources housed on the Navigating Health Care System web pages are available. Also developed are a Worker Curriculum and Supplemental Resource Guide to train front line health department staff and community-based organizations on how to effectively use and distribute these materials. More information is available at: <http://www.vdh.state.va.us/healthpolicy/healthequity/navigating-healthcare.htm>

Building Partnership to Address Needs of Medical Interpreters:

At the 2009 Virginia Health Equity Conference, participants identified a need to develop a Medical Interpretation collaborative to address a wide range of topics germane to serving the LEP populations. To address this need, OMHHE is working with medical interpreter stakeholders to establish a statewide medical interpreter's network that will identify and address emergent needs of serving Virginia's LEP population.

Conclusion:

The goal of the 2010 Language Needs Assessment Report is to provide a resource that enables better understanding of local district LEP populations and resources necessary to meet their needs. We recognize that this report relies very heavily on a few data sources and does not address all district level challenges or resources, e.g. number of bilingual staff, languages spoken. To address this limitation, our goal is that in future reports OMHHE will explore various methods such as local interviews, surveys, etc., to integrate district specific LEP activities and needs identified by clients and partners. Also, future editions will examine language needs in environmental health programs (e.g. restaurants in which owners do not speak English.)

Nonetheless, the 2010 Language Needs Assessment is an informative resource to guide policy decision-making and enable health districts to better serve their LEP patients. Therefore, the report serves as a starting point from which each district can make more detailed and locally focused evaluation of its language needs, recognizing that those needs may be highly variable by year and locality.

For additional information regarding this report: call 804-864-7435, or <http://www.vdh.virginia.gov/ohpp/clasact/LanguageProfile.aspx> or contact: OMHHE, 109 Governor Street, Suite 1016E, Richmond, VA 23219.